

NPAIHB Regional  
Extension Center



Suggestions for an Audit File

Under Stage 1 MU

- Build an audit file for each EP
- Include Documentation for the Y/N Attestation Measures
- Include other documentation as needed

**CORE PERFORMANCE MEASURES NEEDING DOCUMENTATION:**

**Drug Interaction Checks:**

**The EP has enabled this functionality for the entire EHR reporting period.**

**\*Do one, then make copies for each EP\***

- This is met when the MU Clean Date is set for your system
- You just answer “Yes” for this, so to provide documentation, take a screen shot of an RPMS screen showing your clean date
  - Navigate to the MUCD option in RPMS – it is under PCC Management Reports – MU Reports (or “jump” to it by ^MUCD)
  - Take a screen shot (ALT-Print Screen) and paste into a Word document (CTRL-V)
  - Note: When you do this, the date may quickly print on your screen and scroll right on by...you might have to scroll up a little bit within your RPMS session in order to get a screen shot that includes the “Clean Date.” It should look something like this:

```
*****
                          PCC Management Reports
                          Meaningful Use Performance Reports
*****
                          IHS PCC Suite Version 2.0

2010 DEMO HOSPITAL

M1IP  Stage 1 Interim MU Performance Report-EPs
M1IH  Stage 1 Interim MU Performance Report-Hospitals
MUCD  Establish Meaningful Use 'Clean Date'

Select Meaningful Use Performance Reports Option: MUCD  Establish Meaningful Use
'Clean Date'

Meaningful Use 'Clean Date' set to APR 13, 2011
```

## Clinical Quality Measures (CQM):

Successfully report Clinical Quality Measures to CMS or appropriate state Medicaid.

**\*Specific to the EP. You may choose the same measures to report on for each EP, but each EP needs their own report.\***

- There are no targets to meet for these measures, but you do have to report on them
- In order to do that, you need to run the EP Clinical Quality Measure Report from CRS for your reporting period (see separate instruction document)
- You will need this report on hand at the time of attestation because you'll have to enter in the measures you are reporting on to the appropriate website (State for Medicaid, or CMS for Medicare Program)
- You may print it out from RPMS (or session log it into another file if you'd like)
- File the report in the EP's audit file.

## Clinical Decision Support Rule:

Implement one clinical decision support rule during EHR reporting period.

**\*Specific to the EP – although it could be the same documentation for multiple EPs as long as they use the rule in their practice\* Ex: If an EP does not do Women's Health, then the Women's Health Supplement would not be a valid rule to document for that EP. If all EPs do immunizations, then one immunization forecasting screen shot could be copied and used for multiple EPs**

- This is just a Y/N question asking if you implemented this
- There are any number of items in EHR you could use to do this, so you have many options to choose from to serve as documentation of this measure.
- The easiest may be to simply go to your Immunization section of EHR and take a screen shot that includes the forecasting. Paste into a Word document, print and place in the EP's audit file
- OR, if you have Clinical Reminders installed and national reminders configured, pull up a patient, click on the Reminders, take a screen shot, and paste into a Word document
- OR, if you have any of these on the EHR Reports Tab, generate one of the reports, print it, and place in file: Diabetes, Pre-Diabetes, Asthma, Anti- coagulation, or Women's Health Supplement

Example of Immunization Forecast screenshot:

Vaccine	Visit Date	Age@Visit	Location	Reaction	Volume	Inj. Site	Lot	VIS Date	Administered By	VFC Eligibility
DTaP (PEDIARIX)	04/28/2008	5 yrs	DEMO HOSPITAL	Convulsions	.5	Left Deltoid IM	ac21b028AA	07/30/2001	USER,CSTUDENT	
IPV (PEDIARIX)	04/28/2008	5 yrs	DEMO HOSPITAL	Convulsions	.5	Left Deltoid IM	ac21b028AA	07/30/2001	USER,CSTUDENT	
HEP B PED	04/28/2008	5 yrs	DEMO HOSPITAL		.5	Left Thigh IM	0489P	07/18/2007	USER,CSTUDENT	
HEP B PED (PEDIARIX)	04/28/2008	5 yrs	DEMO HOSPITAL	Convulsions	.5	Left Deltoid IM	ac21b028AA	07/30/2001	USER,CSTUDENT	
MMR	10/30/2003	12 mths	DEMO HOSPITAL		.5	Left Deltoid IM	0952P	01/15/2003	USER,CSTUDENT	

## Electronic Exchange of Clinical Information:

Performed at least one test of certified EHR technology's capacity to electronically exchange key clinical information.

**\*Do one, then make copies for each EP\***

- To meet the MU measure, you actually only have to perform one test of C32 transmission by following these instructions:  
<http://www.ihs.gov/meaningfuluse/pdf/ProcessTestingC32ForMUreqs.pdf>
- Take a screen shot of the last screen, as it says in the instructions.
- Place a copy of this screen shot in each EP's file. You can make copies – there only needs to be one test for each site.
- For some of you, your Area Site Analyst has already done this for you and sent you a screen shot of the test via email

Example:

INTERSYSTEMS Execute SQL Query  
Licensed to: Property of the Indian Health Service  
Server: PORPAOD1EHR1  
Instance: ENSEMBLE  
User: SuperUser

Home | About | Help | Feedback | Logout  
[Home] > [SQL] > [Execute SQL Query] Go to: [ ]

NAMESPACES  
%SYS  
C32CHE  
C32WEL  
CHE  
CHEQST  
DOCBK  
ENSDEMO  
ENSEMBLE  
ENSLIB  
NSK  
PHRCHE  
PHRWEL  
SAMPLES  
USER  
**WEL**

Enter the SQL query you wish to execute in namespace WEL using the form below:

Execute Query Show Query Plan Query History Query Builder Display: Logical Mode Max Rows: 1000

```
SELECT TOP 3 DocType, InfoSourceInfoSourceName, PersonC32HRN, PersonC32ID, Status, TransmissionEndTimestamp FROM BJMD_Xfer.Queue WHERE PushFlag=1
```

The results of executing the SQL query are shown below: Last update: 2012-05-18 08:19:00.213  
SQLCODE: 100 Row count: 2 Performance: 0.001 seconds 41 global references

#	DocType	InfoSourceInfoSourceName	PersonC32HRN	PersonC32ID	Status	TransmissionEndTimestamp
1	C32	Indian Health Services BFMC - WELLPINIT HC (8400)	PKB: 99982	8400_P12304	T	2012-05-18 08:11:03
2	C32	Indian Health Services BFMC - WELLPINIT HC (8400)	PKB: 6275	8400_P5573	T	2012-05-18 08:15:09

Complete

## Protect Electronic Health Information:

Conducted or reviewed a security risk analysis of the certified EHR, implemented security updates as necessary and corrected identified security deficiencies as part of risk management process.

**\*Do one, then make copies for each EP\***

- You need to conduct a security risk analysis sometime before the end of your reporting period and review it sometime during your reporting period
- Place a copy in each EP's file. There only needs to be one analysis per site.

## MENU SET PERFORMANCE MEASURE NEEDING DOCUMENTATION:

### Drug-Formulary Checks:

The EP has enabled this functionality and has access to at least one internal or external formulary for the entire EHR reporting period.

**\*Do one, then make copies for each EP\***

- You just answer Y/N for this measure.
- To document this, take a screen shot of the order dialog for a Non-Formulary medication, showing the NF in the name of the drug.

- Also take a screen shot of either the “no formulary alternative” or “formulary alternatives” pop up box that appears. (Which one you get depends on if you have formulary alternatives populated for that drug).
- Print and place in provider’s file
- See examples:

Medication Order

FLUNISOLIDE INHALANT

Dosage Complex

Dosage	Route	Schedule
3 PUFFS FLUNISOLIDE MDI (7GM) NF	INHALATION	(5) TIMES/DAY
4 PUFFS FLUNISOLIDE MDI (7GM) NF	INHALATION	3PM
1 PUFF FLUNISOLIDE MDI (7GM) NF	INHALATION	AC
2 PUFFS FLUNISOLIDE MDI (7GM) NF	INHALATION	AC BID
3 PUFFS FLUNISOLIDE MDI (MINT) 7GM NF	INHALATION	AC TID
4 PUFFS FLUNISOLIDE MDI (MINT) 7GM NF	INHALATION	AC&HS
1 PUFF FLUNISOLIDE MDI (MINT) 7GM NF	INHALATION	ACCU-CHEK AC&HS
2 PUFFS FLUNISOLIDE MDI (MINT) 7GM NF	INHALATION	BB
		BDA
		ED


Comments:

Days Supply: 0    Quantity: 0    Refills: 0    Clinical Indication:    Priority: ROUTINE

Pick Up:  Clinic     Outside Pharmacy - Print

FLUNISOLIDE INHALANT  
 INHALE INHALATION TO PREVENT ASTHMA SYMPTOMS; RINSE MOUTH AFTER USE  
 Quantity: 0 Refills: 0 Chronic Med: NO Dispense as Written: NO

No Formulary Alternatives

 This drug is not in the formulary!  
 There are no formulary alternatives entered for this item.  
 Please consult with your pharmacy before ordering this item.

Formulary Alternatives

The selected drug is not in the formulary. Alternatives are:

BUDESONIDE INHL ORAL  
 FLUTICASONE 110MCG INHL ORAL

Do you wish to use the selected alternative instead?

### **Patient Lists:**

**Generate at least one report listing the EP's patients with a specific condition during the EHR reporting period.**

**\*Specific – need to do one for each EP\***

- You can run any number of reports from RPMS or iCare – including reports from the Women's Health Package, the Diabetes Audit, the Immunization package, CRS, and QMAN and VGEN reports
- Run a list of patients for the EP that are due for immunizations or that have a diagnosis of asthma or anything like that. Print it and place it in the provider's file. Contact Katie if you are having trouble finding a list to print.

These next 2 measures are known as the Public Health measures. You can choose either one, but you do have to choose one of them. The exception here is the Oregon Medicaid program, they chose to make the Immunization one mandatory.

### **Immunization Registries Data Submission:**

**Performed at least one test of certified EHR's capacity to submit electronic data to immunization registries and follow- up submission if the test is successful.**

**\*Do one, then make copies for each EP\***

- For Washington and Idaho – check with your immunization coordinator. If things are exchanging smoothly, they should be getting a confirmation email. Ask for a copy of one of those emails and place it in the provider's file.
- For Oregon – follow the instructions sent previously and posted here on our website: [http://www.npaihb.org/images/projects\\_docs/MU/2012/Meaningful%20Use%20Oregon%20IIS.pdf](http://www.npaihb.org/images/projects_docs/MU/2012/Meaningful%20Use%20Oregon%20IIS.pdf)

### **Syndromic Surveillance Data Submission:**

**Performed at least one test of certified EHR's capacity to provide electronic syndromic surveillance data to public health agencies and follow- up submission if the test is successful.**

**\*Do one, then make copies for each EP\***

- This is met by the RPMS ILI/H1N1 Surveillance Export to the IHS Division of Epidemiology and Disease Prevention. If you are using this, someone at your site should be getting an email receipt that the export was completed. Get a copy of one of these emails and place it in the provider's file.

## Other Support Documentation

*There are other items not directly supporting MU Performance Measures that should also be included:*

- ✓ If the EP is in the Medicaid Incentive Program, include the patient volume report you used to qualify them for the program. This could be the Patient Volume report from RPMS (if you use RPMS Third Party Billing) or documentation from another billing software. **(Specific to the EP)**
- ✓ Screen Shot/Print Out of registration information from CMS and, for Medicaid, from the state's website **(Specific to the EP)**
- ✓ Screen Shot/Print Out of submission receipt from when EP actually attests **(Specific to the EP)**
- ✓ Copy of IHS Vendor Letter **(Not specific to the EP – one per site, can be copied for each EP)**
- ✓ Copy of the Performance Measure and CQM Reports you ran to attest to your MU reporting period **(Specific to the EP)**

### Year 1 Medicaid checklist (A/I/U year)

- ✓ Patient Volume Report
- ✓ IHS Vendor Letter
- ✓ Screen Shot of successful registration on CMS website
- ✓ Screen Shot of successful registration on State website
- ✓ Screen Shot of successful attestation to A/I/U on State website
- ✓ Confirmation of payment to clinic when available

### Year 2 Medicaid (90 days of Stage 1 MU)

In addition to items from Year 1:

- ✓ Another Patient Volume Report (remember you have to qualify for each year of participation)
- ✓ Performance Measure Report from RPMS for 90 day reporting period
- ✓ CQM Report from RPMS for 90 day reporting period
- ✓ Documentation for specific Performance Measures (listed above)
- ✓ Screen Shot of successful attestation to MU on State website
- ✓ Confirmation of payment to clinic when available

## Year 1 Medicare checklist (90 days of Stage 1 MU)

- ✓ Performance Measure Report from RPMS for 90 day reporting period
- ✓ CQM Report from RPMS for 90 day reporting period
- ✓ Documentation for specific Performance Measures (listed above)
- ✓ Screen Shot of successful registration on CMS website
- ✓ Screen Shot of successful attestation on CMS website
- ✓ Confirmation of payment to clinic when available

## Year 2 Medicare (365 days of Stage 1 MU)

### In addition to items from Year 1:

- ✓ Performance Measure Report from RPMS for 365 day reporting period
- ✓ CQM Report from RPMS for 365 day reporting period
- ✓ Documentation for specific Performance Measures (listed above)
- ✓ Screen Shot of successful attestation on CMS website
- ✓ Confirmation of payment to clinic when available

### Disclaimer:

This document is intended for Stage 1 MU requirements. When Stage 2 goes into effect, requirements will change. Stage 2 will likely go into effect in 2014 at the earliest, and will depend also on when you started in the Incentive Programs.

Having these items in an audit file are only suggestions. You may customize for your site. Having the items suggested does not guarantee you will pass an audit, but will make it easier to find the documentation you may need.